age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25-2)

CERT	TFI	CATE	OF	DEA	TH
	44 4				

12369 \*\* Rog. Diat. No. / \$2

County Hariord				(For newborn infants give residence of mother)		
City or town Edge	wood arse	nal, M	CURAL and give nearest town)	State Saryland County Harford		
(If o	atside eity or town I	imits, write R	URAL and give nearest town)	City or town		
How long in above place Hospital, Institution, or				(If outside city or town limits	, write RURAL and give nes	
Station I	In-mit 7			Street No. Edget.ood Height (If rural, give		*************************
How long in hospital or				2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
an re	Viola C.					
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
F	C	M	arried	20. DATE OF DEATH 4 December	19.4.5	a10.59 .m
6.(b) Name of husband	John	W. Ada	ins	21. I CERTIFY that death occurred on the date about		
6.(b) Name of husband	or wite		^^	C November 19		
7. Birth date of	••••••	8.(0	e) It alive, give age29 years	and that I last saw h. Or alive on 4 D		
deceased (mo., day, y	.) 15 flay	1921		Immediate cause of death Liver, a		
8. AGE: Years	Months	Days	It less than one day	atrophy of, severe,		
24	6	19	hrs min.	undetermined		12/5
9. Birthplace Too	coa, Geor	county, and	tate)	Due to		
10. Usual occupation	Housewife				***************************************	**********************
11. Industry or business			David Control	Oue to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
	thew Brow	n		Alt.		***************************************
	South Caro			Other conditions  (include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results. COLIFICATIONSIS  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
es la contribuece						
E 14. Maiden name		***************************************	th Carolina			
15. Birthplace	<u>estminste</u>	r, Sou	th carolina			
18, Informant	er	***************************************				
Addressi.a	gara Fall					
D	1			22. VIOLENCE: If death was due to external caus	ses, fill in the following:	
17. Purce (Burial, eremation,	or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date ot	
Cemetery or cremator	Oake	med	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Where did injury occur?(City or town)	(County)	(State)
Location MA	-	Lell	n 4	Injured at home, tarm, Industry, public place (wh		
Location	11 1	1 5	4	Meens of Injury	Injured at work?	
18. Funeral director. Deau & John				HAILY J. T. C.		
Address	-Bel a	in 1	not			
19- 6	- 40	-		23. SIGNATURE Hanny Wen		or other
19. (Date rec'd by registrar) Registrar			Registrar	Address Station Hont	Edgum de	17/4/19

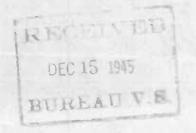
DEC 7 1945 . .

### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 460 CERTIFICATE OF DEATH



	Rog. Diet. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County January
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
M. Jranco Irla	Street No. (1f rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
In. Mars William 17	Margaret Barry) 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale White Kingh	20. DATE DE DEATH. Dec 12 19.45, 21 2:20 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jun 20 19 45 10 Lec 1219 45
7. Birth dato ot deceased (mo., day, yr.) Tell, 2-1896	and ther last saw half alive on 1947
8. AGE: Years   Months   Days   It tess than one day	Immediate cance of death DURATION
49 10 10 min.	the the state of t
9. Birthplace (Town, county, and grate)	Due to
1D. Usual occupation.	
11. Industry or business	Due to
E 12. Name Authorize A S. A.	Dther conditions
14. Malden name 11. August 15. Birthplace 16. Birth	(Include pregnancy within 3 months of death)  Major findings of operations.
E 15. Birthplace A.	Date of op.
16. Informant Hospi Clean	Antopsy results
Address Commerce of Market	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bund Date thereof 12/14/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)	Accident, sulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Ballinsly	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Lessengtion (/ Non	Meens of Injury tnjured at work?
Address Have de Bace	1 Sel Stel WA
19. Sec. 13 1941- a. L. Lewis m. S (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	23. SIGNATURE
(Date fee a by registrar) Registrar	Addrass



The correct age

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5/8)

	I	00	My .	.0	
۲	Reg.	Dist.	No	/ (	9

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)  State
3. (a) FULL NAME Isaac Cb. Bayless	3. (b) Social Security Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   White   married	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC. 15 1945 21 1:55 P. R.
8.(b) Name of husband or wife. And N. Deboxx.  6.(c) If alive, give age. 7.5 years  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that attended deceased from  19.49 to lec 15.45.  and that I last saw h
8. AGE: Years Months Days If less than one day  8. The second of the sec	Immediate cause of death Turnony retention DURATION
9. Birthplace abudelly Harfard Co. Md.  (Town, county, abd state)  10. Usuat occupation	Due to Carcina of Prostate
11. Industry or business Octived  12. Name J. Agricel Bayless.  13. Birthplace Harford Co. Md.	Dther conditions
14. Maiden name Elizabette Botts  15. Birthplace Harford, Co. Md	(Include pregnancy within 3 months of death)  Major findings of operations
Address 114 n. Phila. Blvd.	Antepsy results
17. (Buriai, cremation, or removal, Which?)  Cemetery or crematory (DID)  Cemetery or crematory (DID)	Accident, suicide, or homicide
Location Gar Cherden Source  18. Funeral director I Surviva 9 Source	Injured at home, farm, Industry, public place (where?)  Means of Injury tnjured at work?
Address Checkley Ad.  19. Address Checkley Ad.  19. Address Checkley Ad.  19. Address Registrar Checkley Ad.  Registrar Registrar Registrar Registrar	23. SIGNATURE ABB Joes town mD  M. D. or other  Address One signed 2-16-43

BUREAU V.S.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (TERTIFICATE OF DEATH

Reg. Dist. No

approximate age of deceased is

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTI	FIC	ATE	OF	DE	TI
L.P.R	IPIU.	AIL		IJE.	A R R

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Charotlasallo.	State County County
(If ontside city or town limits, write RURAL and give nearest town)	Charactta
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
a	(If rural, give LOCATION)
How long in hospital or inetitution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GRAYSON EDWARD Br	Adam bayab
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male white Lengle	20. DATE DE DEATH. Dec. 30 19 45 01 11
Male mile 1	20, DATE OF DEATH.
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of 9 1944	and that I last eaw h. / A alive on 19.
deceased (mo., day, yr.) June 7, 1743	Immediate cause of death
8. AGE: Years   Months Days If lees than one day	MYDEBTINE
6 20 hrs.	
- 1 - H- M 11. 0	
B. Sirthplace (Town, county, and state)	Due to
(2011)	***************************************
10. Usual occupation	Due to
11. Industry or businese	
	Dther conditions
1)2228#200	
	(Include pregnancy within 8 months of death)
14. Maiden name Rath Tarr, Balto Co, md	Major findings of operations.
5 15 Rithpiace Bolman Balto Ou ma	Dats of op.
allest 7 Bacilla back	
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrese Write Hall, that	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof Jan 2, 194	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	Accident, Suicide, of Hothlord
Cemetery or crematory Carrellsville	Where did injury occur?(City or town) (County) (State)
Maratterille nd.	Injured at home, farm, industry, public place (where?)
Location	Means of injury injured at work?
112 4 7114	micene of major.
18. Funeral director	
18. Funeral director	Q 1 720000
18. Funeral director Address Javethaville Md.	23. SIGNATURE Q, 24. France M. D. or other

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2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, inclination, or street address where death occurred:  Magnolia Rd  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town.  (If outside city or town.fimits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Paniel Isaac Bunch	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Mala Whitz Married	MEDICAL CERTIFICATION  20. DATE DE DEATH DECEMBER 16 1945 01 6P
6.(b) Name of husband or wife Marie M. Bunch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb 274 1896	and that I last saw halive en
8. AGE: Years Months Days It less than one day 49 9 19hrsmin.	Immediate cause of death Coronary occlusion DURATION
9. Birthplace Oaktown Indiana (Town, county, and state)  Die Maken	Due to
11. Industry or business Edgewood arsonal	Due to
12. Name Willia Banch Lankuowa  13. Birthplace Lankuowa	Bther conditions
14. Malden name. Cosa Bland 15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations
18. Informant Marie M. Bunch (Wife) Address Magnolia Rd. Toppe a Md.	Autopsy results
(Burial, cremetion, or removal. Which?)  Bate thereol. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory Holy Rederman  Location Balto. Md.	Where did injury occur?
18. Funeral director William Cook Isse.  Address 1217 St Paul St	Means of injury Injured at work?  Levalo C. Palmer M. P.  October 1 September
19. (Date rec's by registrar) Registrar	23. SIGNATURE M. D. or other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

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age

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

### CERTIFICATE OF DEATH

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or lown  (If outside vity or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Cochran  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Thale white married	20. DATE DE DEATH CE COULCI 18 19 45, 21 3 9 M
6.(b) Name of husband or wite Francels Elyaletts (schrau)  7. Birth date of 70 2 1 5 (c) If elive, give age 7. 21 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19/1 and that I tast saw h slive on 19/1
8. AGE: Years Months Days It less than one day  How the second of the se	Immediate cause of death DURATION 2004
9. Birthplace Upper X Roads, Harford Co. Md.  (Town, county, and state)	Due to Cere tral stront on Sdarp
10. Usual occupation Jarmen Street	Due to
11. Industry or business  12. Name Maurice Lockrass  13. Birthpiace Selland	Dther conditions
14. Maiden name Bridget Kelly	(Include prognancy within 8 months of death)  Major findings of operations.
2 15. Birthplace Trefaux	Date of op
16. Informant Howard L. Coehraw	Autopsy results
Address 2708 Huntington are Balts. Ind.  17. Pourial Bate thereof Dec. 21, 1945	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Cemetery or crematory (Description of Computer of	Where did injury occur?
Location Long Green, ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Martines II Kurth	Means of injury injured at work?
Address Jarrettaville md.	23. SIGNATURE DA TISCHATURE MATE
19 Date ree'd by registrar) 1945 Registrar Registrar	Address. Love VII Dale signed 12 19 45

JAN 30 19/6
BUREAU V.F

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. -185-

1. PLACE OF DEATH: County Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Havre de Grace	State Maryland county Harford		
City or town. Havre de Grace (If outside city or town limits, write RURAL and give nearest town)	Havre de Grace		
How long in above place of death? 25 yrs	City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 611 Otsego		
Non-less to translation to the Hards	(If rural, give LOCATION)		
How long in hospital or institution?	2.(d) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Elizabeth B. Currier			
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH December 26 1945 at 7 2. N		
6.(6) Name of husband or wite. Theodore W. Currier	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	Dec 20 19.45 to Dec 26 19.45		
deceased (mo., day, yr.) Dec. 29, 1854	and that I last saw h. 42 alive on Deta 16 19 15		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
90 11 28brsmin.	andis un firency		
9. Birthplace Lancaster Co. Pa.	00000		
(Town, county, and state)	Oue to		
10. Usuel occupation School Teacher			
11. Industry or business	Due to		
Christian Newswanger  Lancaster Co., Pa.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Unknown  15. Birthplace	Major findings of operations		
15. Birthplace	Date of on.		
18 Interment Mrs Carrie Eaton	Autopsy results.		
Address 620 Otsego St. Havre de Grac	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Dec 29, 45 (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Angel Hill Cemetery	Where did injury occur?		
Location Havre de Grace, Md.	(City or town) (County) (State)		
Nee a Catterand & Sail	Means of Injury Injured at work?		
Address Pennel director Address			
Nec. 28 11- 6. L Lewis much	23. SIGNATURE. M. D. or other		
(Date rec'd by registrar)	Address Adve (1) Style My Date signed 12 178 18		

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### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

2411 N. Char	rlea St., Baltimore 942 12379
CERTIFICA	TE OF DEATH Reg. Diat. No. 83
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn furants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 2 C 3 19 45 21 2 P
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from general states and that I last saw holder alive on 19. 47.  Immediate cause of death DURATION
12. Name Jet Je Sona 12. Name Jet Je Sona 13. Birthplace Jet Jet Jet Jet Jet Jet Jet Jet Jet Je	Other conditions
Address 2011 Bate thereof 3 74 (Buriul, cremation, or femoval, Which?)  Cemetery or crematory Location  18. Funeral director 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Address Farm Stone Par 19an 3rd 1846 Thomas R. Basson (Dato ree'd by registrar)	23. SIGNATURE Surgain Dovre, M. Address waiff May Date signed 1-1-46



1. PLACE OF DEATH:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1572

3. (b) Social Security Number

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, Street No. 22 (If rural, give LOCATION)

2.(a) If veteran, name war.....

20. DATE OF DEATH

city or town limits, Write EURAL and give nearest town) How long in obove place of death? How long in hospital or institution? 3. (a) FULL NAME 4. Sex B.(b) Name of husband or wife..... deceased (mo., day, yr.) | ) QC If less than one day 8. AGE: 9. Birthplace..... (Town, connty, and state) 10. Usual occupation ... 11. Industry or business f4. Malden oame f5. Birthplace 12/26/45 (year) (Buriai, cremation, or removal, Which?)

MEDICAL CERTIFICATION 21. I CERITY that death occurred on the date above stated; that Lattended deceased from

**OURATION** Immediate cause of death

(Incinde pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please nuderline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur? .....(City or town) (State) (Connty)

Injured at home, tarm, Industry, public place (where?) ..... Injured at work?

Means of Injury

23. SIGNATURE ... M. D. or other

SE

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information carefully of death clearly and

tem of causes

ADING INK. Supply eve Physicians: please write

important.

PLAINLY, is especially

WRITE

BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

	Neg. Dist. 110
1. PLACE OF DEATH:  County	
3. (a) FULL NAME	3. (b) Social Security Number
Carrie V. Elliots	214-10-0153
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Final White married	20. DATE OF DEATH Dec. 2 2 1945, at /2:35-9.
8. (b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace Town. county, and state)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Name  15. Name  16. Advisors Crac Mod	and that I last saw h
14. Maiden name What Sampson 15. Birthplace Marford Co. Mid	(Incinde pregnuncy within 3 months of desth)  Major findings of operations.  Date of op.
Address Wellen Mid	Autopsy results
(Burial cremation, of removal, Which?)  Date thereof. 24 - 1945.5 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

PLAINLY, WITH UNF is especially important. WRITE PLEASE VS A15

ect age

ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly.

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Addres (Date rec'd by registrar)

Registrar

Means of Injury

23. SIGNATURE Address.

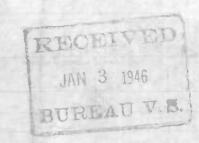
injured at home, farm, industry, public place (where?) ......

(City or town)

M. D. or other

(State)

(County)



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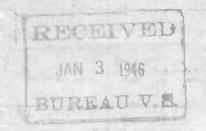
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

Harford				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)		
City or townAberdeen Proving Ground, Maryland				state Maryland coun			
				(If outside city or town limits,	write RURAL and give nearest town)		
Hospital, institution, or	street address where	dealh occurred		Street No. O G Marker	Those days		
**************************************		***************	***************************************	(If rural, give I	LOCATION)		
How long to hospital or	Institution?			2.(a) 11 veteran, name war			
3. (a) FULL NAME		la			3. (b) Social Security Number		
4. Sex	LITER JOSE		e, married, widowed, or divorced	1	DELICITION.		
4. 504	S. GOIOF OF THEC			MEDICAL CE	RTIFICATION		
M	W	Mal	rried	20. DATE OF DEATH 13 Decembe	r 19. 45., at		
	line	Sucan I	Porr	21. I CERTIFY that death occurred on the date above			
6.(b) Name of husband					to		
*4000.0002600	**********	6.(6	e) f1 alive, give ageyears				
7. Birth date of deceased (mo., day, y	o Apr.3.	1916					
8. AGE: Years	1 Months	Days	1 t1 tess than one day	Immediate cause of death Burn, Se			
O. MOD.	0	70		skin and muscle of back			
29 29	8	10	hrs min,	and lower quadrants of	abdomen.		
8. Birthplace	craut (Town.	county, and s	(Pa)	Due to	••••••••		
1D. Usuat occopation	Soldui	4.	S. army	Due to			
11. Industry or business		-0	<u> </u>				
12. Name	mount	che	force (7mg)	Other conditions			
	Cura			(Include pregnancy within 8 m	onths of death)		
五 14. Maiden name.	Twelia	non	tiski				
14. Maiden name.	1: Februa			Major fiedings of operations			
-1 15. Birtingrace	41	0 4	/_				
16. Informant.	to Jus	7	enny	Autopsy results	th death should be charred statistically		
Address 160	Molley	er. 1.	Salterine med				
B 'a			10. 15 10 V.F	22. VIOLENCE: If death was due to external caus	ses, fill to the following;		
(Burial, cremation,	or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of		
	J 4. 1-	Pars	C. Center	Where did injury occur?(City or town)			
Cemetery or cremator	Ar		- 0 /				
Location / Sa	cerusi			Injured et home, farm, industry, public place (wh			
10 Current diseases A	toward 1	C. Me	Comestano	Means of Injury	tojured at work?		
18. Funerat director. Address about Ma				7 Sword (1)	Q/anas		
19 filec. 1	5 18 45	- M	ariet Us Moul-	Ct Ilon Shandean	El Capt., M.O. or other		
(Date rec'd by reg	ristrar)		Registrar	Address Sta Hosp, Aberdeen Ground,	Prov Date signed 14 Dec 4		



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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

12383

CERTIFICATE OF DEATH  PLACE OF DEATH:   Aurignal	O'THE CORPORATO LIFEITE OF	2411 N. Charles St., Bultimore 73-0	.0.
County read. (If outside city or win limits, write RURAL and give nearest town)  Bow long in above place of dash?  City or town. (If routside city or type dispersyshere-gash overmed.)  Street to. (If routside city or type) limits, write RURAL and give nearest town)  Bow long in above place of dash?  Street to. (If routside city or type) limits, write religious, and give nearest town)  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  Street to. (If routside city or type) limits, write religious, and give nearest town  MEDICAL CERTIFICATION  26. DATE BY BEATH  27. LECRIFY this death soccured so the date above steller; that I standed deceased from  18. AGE: Tarz  Boother, (Town, coppte, and atate)  19. Birthplace  10. Beand secondition  Common of the conditions  11. Birthplace  12. Bane  13. Birthplace  14. Birthplace  15. Birthplace  16. Birthplace  17. Birthplace  18. Alaboys results  19. Birthplace  19. Birthplace  19. Birthplace  19. Common or company: Within 1 months of death)  Melyer findings of perspancy within 1 months of death)  Melyer findings of perspancy within 1 months of death)  Melyer findings of perspancy within 1 months of death)  Melyer findings of perspancy within 1 months of death)  Melyer findings of perspancy within 1 months of death)  Melyer findings of perspancy within 1 months o		CERTIFICATE OF DEATH  Reg. Diat. N.	// 5
Rev long in abers place of death?  Respital, Institution, or street adjusted where the control of the street in the control of the date above stated; that labeled deceased from a control of the date above stated;	County Jare de Lisae	(For newborn infacts give residence of mother)  State County	el 2 _
3. (a) FULL NAME  1. So of corpses  8. (a) Splight, married, goldwed, or diverged  1. So of the state of husband or wife.  8. (a) Splight, married, goldwed, or diverged  1. So of the state of husband or wife.  8. (a) Halle of husband or wife.  8. (b) Hame of husband or wife.  8. (c) If alive, give age, years decreased (mo., day, yr.)  1. Splith date of decreased (mo., day, yr.)  8. AGE: Vears Mooths Pays It less than one day and that I list saw held. Alive on length of the state shows stated; that I althoused decreased from the state shows stated; that I althoused decreased from the state shows stated; that I althoused decreased from the state shows stated; that I althoused decreased from the state shows stated; that I althoused decreased from the state shows stated; that I althoused decreased from the state shows stated; that I althoused decreased from the state shows stated; that I althoused from the state shows stated; that I althouse the state of death the state o	Hospital, Institution, or street address where took occurred:	(If outside city or town limits, write WURAL and gi	ve nearest town
A. Sec   S. Delor or peck   B. (a) Stagle, merried, pidewed, or diverged   MEDICAL CERTIFICATION	How long In hospital or institution?	2.(a) It veteran, name war	
Section of husband or wife.  Section 1. Section 2. Sect	Derlie V	Theteorich Libson 3. (b) Social Sec	urity Number
S. (c) Haller, give age.  S. (d) Haller, aller on.  D. (d) Haller, give age.  S. (d) Haller, aller on.  D. (d) Haller, aller on.  S. (d) Haller, aller on.  D. (d) Haller, aller on.  D. (d) Haller, aller on.  Major findings of operations.  S. (d) Haller, aller, aller, aller, aller	1. Sox J. Solor or mace 6.(a) Shaple, married, w		
1. Brithplace		- Flue 19 46 - 10 Dec	e. 13
8. AGE: fears Wooths bays it less than one day  18. Birthplace. (Town. county, and state)  19. Usual occopation. (Town. county, and state)  11. Industry or business  12. Name. (Include pregnancy within 3 months of death)  13. Birthplace  14. Maidee name. (Include pregnancy within 3 months of death)  15. Birthplace  16. Informant AR Autor (Include pregnancy within 3 months of death)  17. Data C  18. Birthplace (Include pregnancy within 3 months of death)  19. Cemetery or crematory (Include pregnancy within 3 months of death)  19. Cemetery or crematory (Include pregnancy within 3 months of death)  19. Cemetery or crematory (Include pregnancy within 3 months of death)  19. Funeral director. (Include pregnancy within 3 months of death)  10. Usual occopations  (Include pregnancy within 3 months of death)  11. Major findings of operations  Autopsy results.  PHYSICIAN: Please underline the case to which death should be charged statistical accident, suicide, or homicide (Include pregnancy within 3 months of death)  11. Data C  (Burial, resemblin, or removed Which?)  Cemetery or crematory (Include pregnancy within 3 months of death)  Major findings of operations  Autopsy results.  PHYSICIAN: Please underline the case to which death should be charged statistical accident, suicide, or homicide (Include pregnancy within 3 months of death)  Where did injury occur? (City or town) (County) (State)  (County) (State)  18. Funeral director.  Address Auvar Al State (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)	7. Birth date of	968 and that I last saw harmalive on	
11. Industry or business  12. Name  13. Sirthplace  14. Maldeo name  15. Sirthplace  16. Informant  17. Marken  18. Funeral director  19. Cemetery or crematory  19. Cemetery or crematory  19. Cemetery or crematory  19. Funeral director  19. F	77 4 361 -	than one day _ Carlless Jurusticismess	
11. Industry or business  12. Name	9. Birthplace	Due to Santina Mysiardix.	<u>c</u>
14. Maldeo name	1 (Nausal)	ties Due to.	
14. Maldeo nates	12. Name. John Tohiteon		
Actopsy results.  Actopsy results.  Actopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically physician.  PHYSICIAN: Please underline the cause to which death should be charged statistically physician.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (Stato)  Injured et home, tarm, industry, public place (where?)  Injured al work?  Means of injury injured al work?		vnee	• 200 • 00 • 00 00 00 00 00 00 00 00 00 00
Address Vavida Izacl Md.  17. Devial Bale thereof Dec 16 1945  (Burial, eremation, or removed: Which?)  Cemetery or crematury Model Izacl Burial December Model Injury occur?  Location March Means of Injury Injured at work?  18. Funeral director March Means of Injury Injured at work?  My D. or other	\$ 15. 6'rithplace	G. C. and	
17. Burial Dale thereof. Dale of	Nawed Grace	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be ch	arged statistical
Cemetery or crematory (City or town) (County) (Stato)  Location (City or town) (County) (Stato)  Injured et home, tarm, industry, public place (where?)  Means of injury injured at work?  Address Vave de Grace (M. D. or other)  M. D. or other	17 Berral Dale thereof	Role of	
18. Funeral director I adusou Muelle Means of Injury Injured al work?  Address Vacus de Grace Md.  Address Signature.  M. D. or other	(unol Hell	Where did Injury occur?	
M. D. or other	18. Funeral director In Madeson 1		
	Address Naves de Grace	23. SIGHATURE	M. D. or other

E CHANTED JEC 20 1915 BUREAU V.S.

How long In above place of death? Hospital, Institution, or street address where death occurred:

Months

(Town, county, and state)

How long in hospital or institution?......

(If outside city or town limite, write RURAL and give nearest town)

.6.(c) It alive, give age .......

It less than one day

1. PLACE OF DEATH:

3. (a) FULL NAME

B.(b) Hame of husband or wife.

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

> 14. Malden name 15. Birtholace

(Burial, cremation, or removal. Which?)

(Date rec'd by registrar)

8. AGE:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



 2.	50	U	(

Reg. Dist. No ...

## CERTIFICATE OF DEATH

	(For newborn infants give residence of mother)
	State Maryland County Harford
own)	City or town (If outside city or town limite, write RURAL and give nearest town)
	man de mandad
***********	Street Ho. (If rural, give LOCATION)
************	2.(a) If veteran, name war
	3. (b) Social Security Number
Due	ntensleger)
ed	MEDICAL CERTIFICATION
	20. DATE OF DEATH LOCA 15 19.45 31 2 P. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Cling 1 1945, 10 Loce 13-1945
years	and that I last saw h alive on
	Immediate capet of death DURATION
-1-	China allows
min.	Cystral Humanlag
	Due to Ayfusturoun
	Due to
. )	
	Other conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
year)	Accident, suicide, or homicide
	Where did injury occur?
	Injured at home, tarm, Industry, public place (where?)
	Means of injury Injured at work?
	100 - 100
4	as coursed freely the Ins
·D.	M. D. or other
Registrar	Address Linear des December signed 12/17/4

every item of information carefully. The cite the causes of death clearly and legibly

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ADING INK. Physicians: pl WITH UNF important. ASE WRITE PLAINLY, is especially

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DEC 20 1945 BUREAU V.S. . DI LOP OF DEATH

2411 N. Charles St., Baltimore /3/20

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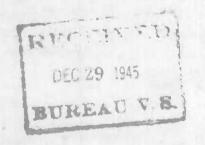
CERTIFICATE OF DEA	TH

		000
Reg.	Diat.	No. 180

County Harford  City or town (If outside city or town limits, write RURAL and give nearest town)			(For newborn infants give residence of mother)  State		
How long in above place	e of death?	5 years	City or town(If cotside city or town timit	is, write RURAL and give nes	rest town)
Hospital, institution, or	r street address where	death Occurred:	Street No		
			(If rural, give	e LOCATION)	
			2.(a) tf veteran, name war	***************************************	
3. (a) FULL NAM	E			3. (b) Social Security	Number
	Nora I.	Handschue			
4. Sex	5. Color or race	Handschue   6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Fomella	Thite	N:			c. 5
Female		Married	20. DATE OF DEATH.		
B. (b) Name of husband	or wife Ral	lph Handschue	21. I CERTIFY that death occurred on the date ab		ased trom
		8 (a) là allus glus ses	Cuy 19.	£3.	ر ۱۹ م
7. Birth date of			and that I last saw h. A alive on	(Ozc L)	19 47
deceased (mo., day,	yr.) Mar.3,	1888	Immediate cause of death		DURATION
8. AGE: Years	s Months	Days If less than one day			
47	7 9	17hrsmin.	Ceretal He	montage	3 200.
a Richniaca S	even Vall	Leys Penna.	Due to		
			Cardio - renal Hy	per ten seve	5-40
10. Usual occupation	Housewi	ife	Bue to Dece		0
11. Industry or busines					
至 12. Name	Jacob k	Cohler	Other cooditions		
12. Name	Penna				
8	T 2 7 7	0	(Include pregnancy within 3	months of death)	
里 14. Maiden name.	Lilley	Copp	Major findings of operations		
2 15. Birthplace	Penna	a •			
14. Maiden name.	Ralnh Har	ndschue	Autopsy results.		
TO. INTOFMART	en de Gade ander ofend abode een abode (een ab	# ( # 4 )	PHYSICIAN: Please underline the cause to w		
	Tdgevo		22. VIOLENCE: It death was due to external ca	uses till in the following:	
17 Removal	n, or removal. Which?	Date thereof Dec. 22, 1945 (month) (Say) (year)			
			Accident, suicide, or homicide		
Cemetery or cremate	ory Goodli	ng Funeral Home	Where did injury occur?(City or town)	(County)	(State)
Location Sev	ven Valle	ys Pa.	Injured at home, farm, industry, public place (w		
18. Funeral director	Howard K.	McComas & Son	Mesns of Injury	tnjured at work?	
	Abingdon		0 (12 010	Hale.	
			23. SIGNATURE		or other
19 Clate rec'd by re	Z/ 19 4 5 egistrar)	Marie M. Macel	Addrew Cheen Swel	Lo Ma Date signed.	Wery

information carefully. The coof death clearly and legibly. ADING INK. Supply every item of Physicians: please write the causes MARGIN RESERVED FOR BINDING WITH UNFA PLAINLY, v is especially

PLEASE WRITE



# STEEL CORPORATO LIMITE OF

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33 a)

Address

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1220

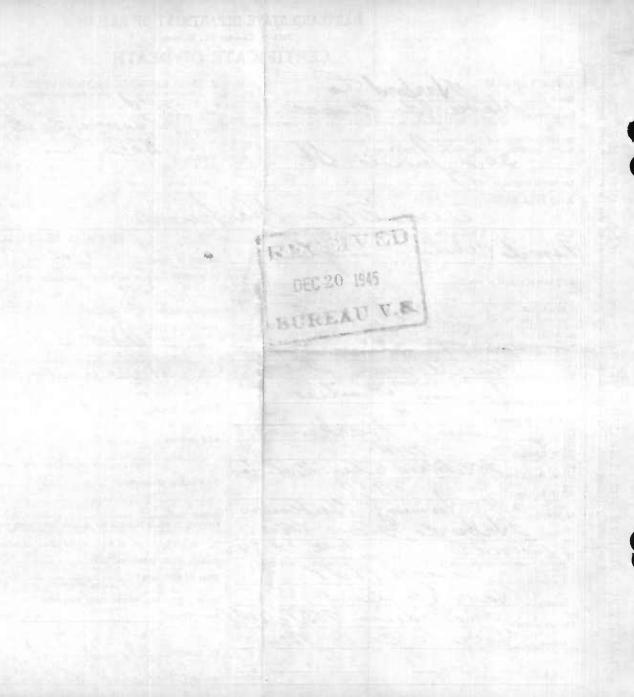
CERTIFICATE OF DEATH	ATE OF DEATH
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	DELLE X X X	Reg. Diet. No.
2. USUA (For	L RESIDENCE (HOM newborn infants give resid	TE) OF DECEASED: eace of mother) County Var/out
City or tow	(l) outside city or to	
		ai, give LOCATION)
2.(a) If vel	eran, name war	
	,	3. (b) Social Security Number

Hospital, Institution or street address where death ocourred;	Street No.		
How long in hospital or institution	(If rurai, give LOCATION)  2.(a) If veleran, name war.		
3. (a) FULL NAME Vera Mac Har	Recess 3. (b) Social Security Num		
4. Seg 5. Color or race 6.(a) Single, married, widowed, or divorced Senagle	MEDICAL CERTIFICATION  20. DAYE OF DEATH. 20. 17 19 45		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased 1940 to 1040 and that I last saw h		
deceased (mo., day, yr.)  deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of Cat.		
9. Birthplace. Have de Grace Mid.  (Town, county, and state)  10. Usual occupation. Howard Lease	Bue to Premaria		
11. Industry or business    12. Name   American   Florida     13. (Buthfoliace   Florida	Diher conditions		
14. Malden name Maldred Chr. Masholes 15. 8irthplace	(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant James John Markous Address I Value de Grace Uld.	Autopsy results		
(Burisi, cremation, or removal Which?)  Cemetery or crematory.  Date thereof.  (mosth) (day! (year)	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide		
Location Navy de Quace Md.  18. Funeral director Ti Madram Mitchell	Injured at home, farm, Industry, public place (where?)		
Address Havre de Gesce Md.  19. Dec. /8 (Date rec'd by registrar)  19. 44. C. Lewis M. S. Registrar	23. SIGNATURE M. D. or ott		

(If outside city or town limits, write RURAL end give neerest town)

MEDICAL CERTIFICATION
20. DATE OF DEATH. Wec. 17 19 45, 27
21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 19 4 3 4 3 and that I last saw h
and that I last saw h 19 44 3
Immediate cause of date DURATION DESLUTE JOURATION
Due to Jerus Premonia 12ag
Due to
Diher conditions
(Include pregnancy within 3 months of death)
Major findings of operations.
Autopsy results
22. VIOLENCE: If death was due to external causes, till in the following;
Accident, suicide, or homicide
Where did injury occur?



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-d)

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: // _ /	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town Devel de Breed	State Maryfard County Heated
(If outside city or town limits, write RURAL and give nearest town)	City or town Bural Cherlien
How long in above place of death?	(11 outside city or town limits, write RURAL and give nearest town)
Harford Memoral Grysetal	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Wintield & Hawking	none
4. Sex 5. Color or thee 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
maly White Webrared	20. DATE OF DEATH. Whe C / 19 45 81 11: 30 4
6.(b) Name of hysband or wife Lila C. Mahan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	acy 184/ Dec / 1845
7. Birth date of	and that I last saw h was alive on we c 19.45
deceased (mo., day, yr.)  8. AGE: Years   Mouths   Days   If less than one day	Immediate cause of death
8/ 3hrsmln.	Chr. Person Congration 3 days
9. Birtholsco. Harford Cry. Hid.	Due to
(Town, county, and state)	Carling clarks (-V. Ducase 4 yr
10. Usual occupation Muschan	Due to.
11. Industry or business Believed	007 (0
12. Name Studies Standard Cro. mil-	Dither conditions
13. Birthplace Sachord Car. Will-	
14. Malden name Elizabeth James  15. Birtholace Hartest Gro Med	(Include pregnancy within 8 months of death)  Major Sadings of operations.
\$ 15. Birthplace Santon Con Will.	Bale of on.
16. Interment Mrs. Wendeld N. Hawkins	Autopsy results.
Address Cherley md. B. F	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory with Clayele	Where did injury occur?
Location Churchaelle Garford Tron and	Injured at home, farm, industry, public place (where?)
18. Funeral director Serving Serving Stones -	Means of Injury Injured at work?
Address Chierlien Mid	( Red & Horkey have)
1) - 2 100 1 9 1 12 70.	23. SIGNATURE M.B. or other
19. (Date rec'd by registrar)  Registrar	Address Clericleville MG Rate stoned elec &

Address

RECEIVE DIAS

DEC 5 1945

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A15 VS

(Date rec'd by registrar)

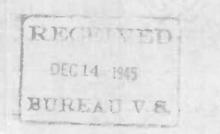
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BIE

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:    County	County.  City or town. Example of death?  How long in above place of death?  How long in hospital or institution?  A. (a) FULL NAME  Markha Eller Hershare  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  While There is a single of deceased (mo. day, yr.)  Birth date of deceased (mo. day, yr.)  B. AGE: Years Months Days If less than one day  (Town, county, and state)  10. Usual accuration of the single of the si	Own County  Own Co
County or town. Link placed detay or town limits, write RURAL and give nearest town)  Roy long in about a detay.  Roy long in hospital or institution, or street address where death occapital.  Roy long in hospital or institution?  3. (a) FULL NANE  Markha Ellew Hersham  4. Sas   5. Octor or race   6. (a) Single, married, widowed, or divorced   Workla Ellew Hersham  6. (b) Name of housband or wite. All silended doceased from   5. (c) It alive, give age   5. AGE: Test Months   7. Buth deate of   6. (c) It alive, give age   7. Buth deate of   6. (c) It alive, give age   7. Buth deate of   7. Buth deate of   8. AGE: Test Months   8. It is than one day  19. 45. It is than one day  19. 48. It is than one day  19. 48. It is than one day  19. Buth deate of   19. Age   19. A	County.  City or town. E. M. (P. Butside city or town limits, write RURAL and give nearest town)  How long in above place of death?	County County County Own Law County Own Law Care County Own Law Care County Own limits, write RURAL and give nearest town)  O. (If rural, give LOCATION)  veleran, name war 3. (b) Social Security Number  MEDICAL CERTIFICATION  OF DEATH 19 45 at 4:15 P M
City or town. Land Committee state of the call of th	(if Butside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Street I  How long in hospital or institution?  3. (a) FULL NAME  Markly Ellew Hershman  4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced  Lincel White Markly Single, married wildowed, or divorced  5. (b) Name of husband or wife Absolute Language Single, married wildowed, or divorced  6. (c) If allive, give age 2. years  7. Birth date of decreased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  7. Birthplece Months Days If less than one day  9. Birthplece (Town, county, and state)  10. Head accuration According to the control of the county of the	Own Wardenstell (If outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)  Outside city or town limits, write RURAL and give nearest town)
How long in abore place of death?    Nospilal, institution, or street address where death confred:	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  (If rural, give LOCATION)  veleran, name war
Street No.	How long in hospital or institution?  3. (a) FULL NAME  Marky Ellew Hersham  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  Lincol 18 hold 18 hold 19 hospital or institution?  5. Color or race 6. (c) Single, married, widowed, or divorced  19 hospital or institution?  20. DATI  21. I CE  8. (c) 11 alive, give age 2 years  and that decreased (mo., day, yr.) 28 / 87 / 28 / 87 / 29 / 30 / 30 / 30 / 30 / 30 / 30 / 30 / 3	(If rural, give LOCATION)  veleran, name war
Company   Comp	How long in hospital or institution?  3. (a) FULL NAME  Morths Ellew Heistman  4. Sex   5. Color or race   6. (a) Single, married, wildowed, or divorced  Lincoln White   Married   Heistman    6. (b) Name of husband or wife Abraham Lincoln Heistman    7. Birth date of decreased (mo., day, yr.)   Aug. 28   87    8. AGE: Years   Months   Days   If less than one day    7. Birthplece   Years   Months   Days   If less than one day    9. Birthplece   Years   Months   Days   If less than one day    10. Hereal accumation   Hereal County, and state    10. Hereal accumation   Hereal accumation   Hereal accumation    11. Hereal accumation   Hereal accumation   Hereal accumation    12. (a) 11  2. (a) 11  2. (a) 11  2. (a) 11  2. (b) 12  2. (c) 11  2. (c) 11  2. (d) 11  2. (e) 11  2. (e) 11  2. (e) 11  2. (e) 11  2. (f) 12  2. (e) 11  2. (f) 12  2. (g) 13  2. (g) 14  2. (g) 14  2. (g) 14  2. (g) 15  2. (g) 14  2. (g) 15  2. (g) 16  2. (g) 17  2. (g) 18  2.	(If rural, give LOCATION)  veleran, name war
3. (a) FULL NAME  Marklas Ellens Herakonan  4. Sax  5. Color or race  6. (a) Single, married, widowed, or divorcid  MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I at lended doceased from  18. AGE: Years  Months'  7. Birth date of deceased (roc. day, yr.)  18. AGE: Years  Months'  19. Birthplace  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Instrument All Properties  17. Birth date of death and the following:  18. Actions remarked the control of the following of the fo	3. (a) FULL NAME  Morths Ellers Hershman  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced  Lincols   Walter   Married   Hershman    6. (b) Name of husband or wife Abraham Lincols Hershman    7. Birth date of deceased (mo., day, yr.)   Aug. 28   87    8. AGE: Years   Months   Days   If less than ona day    7. Birthplece   Months   Days   If less than ona day    9. Birthplece   Months   Days   If less than ona day    10. Hereal accumation   Married   Married    10. Hereal accumation   Married   Married    11. Hereal accumation   Married   Married    12. Description   Months   Days   Married    13. Due to	3. (b) Social Security Number  MEDICAL CERTIFICATION  OF DEATH 19 45 at 4:15 P M
Mortha Ellew Heishman  4. Sex   S. Color or race   S. (c) Single, married, widowed, or divorced   Whele   Whel	Morths Ellen Hershwar  4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Lincoln to the Married   20. DAT  6.(b) Name of husband or wife Abraham Levels Hershwar  7. Birth date of deceased (mo., day, yr.) Aug. 28   87   and that deceased (mo., day, yr.) Aug. 28   87   and that Immedian Levels Hershwar  8. AGE: Years   Months   Days   If less than one day   Immedian Levels   10. Hershwar Levels	MEDICAL CERTIFICATION  OF DEATH 19 45 at 4:15 P M
### Part   Part	6.(b) Name of husband or wife Abraham Luncha Hershman  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  7 H 3	OF DEATH Dec. 9 19.45 at 4:15 P M
### Part   Part	6.(b) Name of husband or wife Abraham Luncha Hershman  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  7 H 3	OF DEATH Dec. 9 19.45 at 4:15 P M
6.(b) Name of husband or wife Additional Add	6.(b) Name of husband or wife Abraham Levels Hershall 21. I CE  7. Birth date of S. (c) If alive, give age years and that deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplece Town, county, and state)  10. Usual occupation	
5. (c) If alive, give age years deceased (mo. day, yr.)  8. AGE: Years Months Days If less than one day If of the second of the	8. AGE: Years Months Days If less than one day  9. Birthplace (Town, county, and state)  10. Ilsual accumation	STIFY that death occurred on the date above stated; that I atlended doceased from
8. (c) If alive, give age years  8. AGE: Years Months Days If less than ona day  9. Birthplace (Town, county, and state)  10. Usual occupation for conditions  11. Industry or business  12. Hame  13. Birthplace Conditions  14. Malden name  15. Birthplace Conditions  16. Informant Conditions  17. Birth date of deceased (mo., day, yr.) (Include pregnancy within 3 months of death)  18. Major findings of operations  19. Major findings of operations	7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplece Grown, county, and state)  10. Usual accumation Advance Grown, county, and state)	
7. Birth date of deceased (mo., day, yr.)  8. AGE: Vests Months Days If less than one day  10. Usual occupation.  11. Industry or business  12. Hame  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant Abundan Abundan Abundan Address Walking Date thereof (grouth) (day) (year)  16. Informant Abundan Abundan Abundan Address (grouth) (day) (year)  17. Accident, suicide, or homicide.  18. Informant Abundan Abundan Abundan Abundan Address (grouth) (day) (year)  18. Informant Abundan	7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplece (Town, county, and state)  10. Hereal accumation Achieve County and state)	7-19 1945 10 75 12 -9 1945
8. AGE: Years Months Days If less than ona day  9. Birthplece	8. AGE: Years Months Days If less than one day  1	I last saw hard alive on 12-9 19 90
9. Birthplece	9. Birthplace High View W. Ya.  (Town, county, and state)  10. Heyel accuration Achor Leader retired	te cause of death DURATION
9. Birthplece	9. Birthpiece High View W. Va.  (Town, county, and state)  10. Head accuration felocic Leader retires	home geometries reprines ?
10. Usual occupation.	10 Head occupation Achord Lackey retired	- Clark
10. Usual occupation. February  11. Industry or business  12. Name	10 Head occupation behore Teacher retired	
11. Industry or business    Comparison	10. Usual occupation	
12. Hame	Bue 10	
14. Maiden name  15. Birthplace  16. Informant Abraham & Date of operations  16. Informant Abraham & Date of operations  17. Carried pregnancy within 3 months of death)  Major findings of operations  Date of op.  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  (Burial, cremation, or remognal, Wijshi)  Date thereof (goonth) (day) (year)  Accident, suicide, or homicide.  Date of  Date of  Date of  Date of  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of  Date of  Date of		
14. Maiden name  15. Birthplace  16. Informant Abraham & Date of operations  16. Informant Abraham & Date of operations  17. Carried pregnancy within 3 months of death)  Major findings of operations  Date of op.  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  (Burial, cremation, or remognal, Wijshi)  Date thereof (goonth) (day) (year)  Accident, suicide, or homicide.  Date of  Date of  Date of  Date of  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of  Date of  Date of	日 12. Hame	aditions peptil week
14. Major findings of operations  15. Birthplace  16. Informant Abrahus Land Land Land Land Land Land Land Land		(Include pregnancy within 3 months of death)
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide	14. Maiden name Wasier (	
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide	15. Birthplace	
Address Workleve rolle Tel. Un.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, 1ill in the following:  (Burisl, cremation, or removal. Which?)  Date thereof. (Burisl, cremation, or removal. Which?)  Date of the cause to which death should be charged statistically.  Accident, suicide, or homicide	alreland New Land	
17. Carrier Date thereof (Burisl, cremation, or removal, Which?)	PHYSIC	IAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof	D 60 11 1916 22. VIC	LENCE: It death was due to external causes, 1ill la the following:
	17 Paie therent	suicide, or homicide
Cemelery or crematory (City or town) (County) (State)		id injury occur?
Location Baker, W. Vo. , Injured at home, farm, Industry, public place (where?)	Baker Tel 7/2)	
Last The Corners Massel Meens of Injury injured at work?	Me Corres Vosel Meens	f injury injured at work?
18. Funeral director (V. V. V	Al' In not	
We will be the second of the s		1- 10/1 -d -1- 1- 1
Address abergoon Mile 23, SIGNATURE DES OFF TOWN M.D. or other	19. (Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar   Address	MATURE Tres O Hodono M.D.



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22-6)

12389

# CERTIFICATE OF DEATH

+	Reg.	Diat.	No.	185-
		2000		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State M. d. County Lanfact
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 6 days	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death accurred;	Street No. R.D. # 2
Hayra Menoral (400)	(If rural, give LOCATION)
How long In hospital of Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
annie Verdil Jughes	The state of the s
4. Sex S. Color or race S.(a) Single, married, widdwed, or divorced	MEDICAL CERTIFICATION
of Widowed	20. DATE OF DEATH
8.(6) Name of husband or wite Carriel T. Huglies (deceased)	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	19 42 19 47
7. Birth date of	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
H /5- min.	well with the state of the stat
6 10 1	Rad Danalina
9. Birthplace	Due to. U. C. S.
10. Usual occupation 1 Sand:	multiple allemens
11. Industry or business	a Person - Partial Ababusha
	Dther conditions
E 12. Hame John ams Glenland.	
El 13. Billiplace	(Include pregnancy within 8 months of death)
14. Maiden oame Cumplic Andrews 2 15. Birthplace W. d.	Major findings of operations that ple Alles And
≥ 15. 8irthplace	Vastal Donuments Date of op.
18. Informant Mars. I halma sughes	Autopsy results
Address alundeen Md. R.F.D.	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide,
n	Where did injury occur?
Gemetery or crematory	
Location allocation ms.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Stenry Janing Asong.	Means of Injury
Address aberdeen md.	(OVERINA)
To de la filmina	23. SIGNATURE M. D. og other
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Paure de prace Me Date signed See 7-40

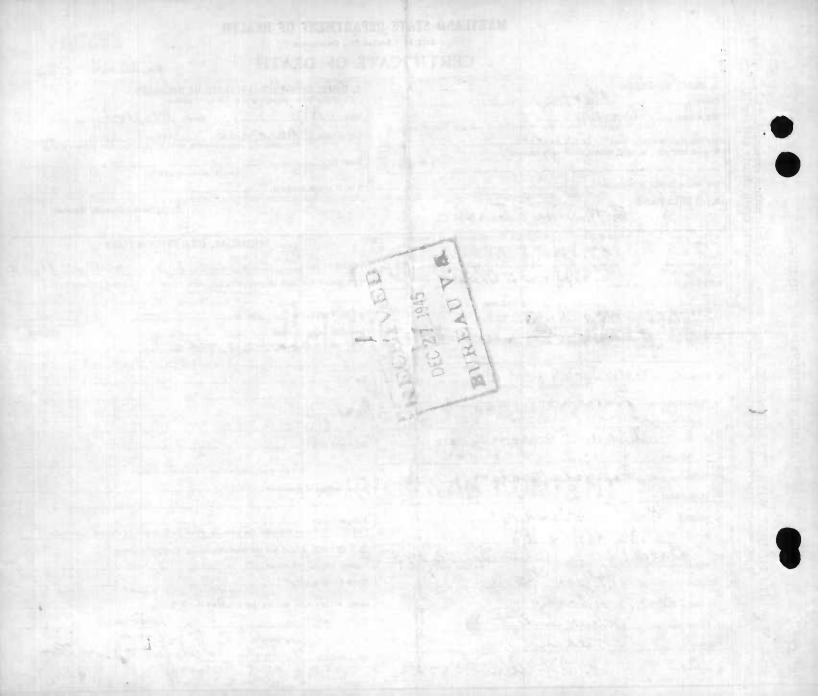
DEC 10 1945

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-6

#### CERTIFICATE OF DEATH

	Reg. Dist. No.		
1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County /// / / / / / / / / / / / / / / / / /			
City or town. (If outside to or town limits, write RURAL and give nearest town)	State M. d. County Harton		
How long in above place of death? 24.44.5	City or town A6/MS Sam Rayra   (1f ontside of or town limits, write RURAL and give nearest town)		
How long in above place of death?			
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME			
Gatherine E Jennings	3. (b) Social Security Number		
4. Sex 5. Color or, race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
+ W M			
$C_1 = T$	20. DATE OF DEATH. Dec 2 3 1945 11 P.		
B.(b) Name of husband or wife SoloMan F JENNINGS	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of No. 11. 12. 15. 6	19		
deceased (mo., day, yr.) Nov10/1862	and that t tast saw halive on		
8. AGE: Years   Months   Days   If less than one day	Immediato canzo of death DURATION		
83hrsmin.	A Nariorcleratic CV		
9. Birthplace	Piseese		
9. Birthplace	.   Oue to		
10. Usual occupation. R. t. r. d			
11. Industry or business	Oue to		
12. Name	Other conditions		
14. Malden name Lennie Hackler	(Include pregnancy within 3 months of death)		
14. Maiden name LLANIX Hackler  15. Birthplace Vac	Major findings of operations.		
	- Oate of op		
	Autopsy results		
Address AGING JON, MJ	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial, cremation, or removal, Which?)  Date thereof. 26 (45) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
	Accident, suicide, or homicide		
Gemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location tountain Grazen	Injured at home, farm, industry, public place (where?)		
18. Funerat director. Decemb Inter	Means of Injury Ipjured at work?		
Address Gelan Mul	Levale C Palmer M.		
	23. SIGNATURE Pepula Medical Examiner		
19. 12/24 1945 Weella Toword (Date fee'd by registrar) Registrar	Harfort County M. D. or other		



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 333

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOIME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Soloman F Jennin	3. (b) Social Security Number
4. Sex    5. Color or race   6.(n) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF BEATH.  20. DATE OF BEATH.  20. DATE OF BEATH.  20. DATE OF BEATH.
B.(b) Name of husband or wife Catharine F January 5  1. Birth date of deceased (mo., day, yr.)  Tune 8 - 1855	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
deceased (mo., day, yr.)	Immediaty cause of death DURATION  A veriosclerole  C V & sease
9. Birthpiace	Oue to
13. Birthplace Va.  14. Maiden name	(Include pregnancy within 8 months of death)  Major findings of operations
18. Informant. Mrs Fred Vennings  Address A61Ng don, Md  17. Baria (Burial, cremation, or removal, Which?)  Cemetery or crematory. M+31NN	Actionary results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If deeth was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)
18. Funeral director Draw & John Man  Address Bullen Man  19	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE  M. D. or other  M. D. or other  M. D. or other

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#### MARYLAND STATE DEPARTMENT OF HEALTH

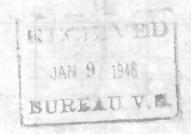
2411 N. Charles St., Baltimore (83a)

# CERTIFICATE OF DEATH

12392<sub>187</sub>.
Reg. Dist. No. 484

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Sizio
3. (a) FULL NAME	0 /2 \ 0 \ +2 \ 0 \ 1 \ 1
4. Sex   5. Color or raco   8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sek 5. Color of faco 6.(C) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenule Hlute Hidow	20. DATE OF DEATH Decence 22 19 4 1 at 6 - M
8.(b) Hamo of husband or wife. The received the state of	21. LEERTIFY that death occurred on the dale above stated; that I altended doceased from
6 (c) If allow give age years	2 19
7. Birth date of G.(c) If alive, give age years	and that I last saw h
decoased (ma., day, yr.) Leec. 6 - 18/1	Immediate cause of death
8. AGE: Years Mooths Bays If less than one day	certore Olesten
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
9. Birthplace (Town, county, and state)	Due to Acleronis of The
10. Usoal occupation.	Bue to.
11, Industry or bosinoss	
# 12 Name Hissen Joseph	Other conditions.
13. Birthplaco Age Lack Co. Mil.	
14. Maiden oame Mangaret J. Mright	(Include pregnancy within 3 months of death)
15. Birthplaco Ffale Lock Co. Mil.	Major findings of operations.
31 D 1 +1	Bate of op.
16. Informant / Colored	Autopsy results
Address Theite Soul Ml.	
P: O Tee 24 1011	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoyal, Which?)  Date thereol (month) (day) (year)	Accident, suicide, or homicide
Cometery or cromatory Selection Complete Complet	Where did injury occur?
Location Delta Ja:	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Auchert C. Markeux	Means of Injury Injured at work?
Address Delta Pa.	( Sengram Orres My)
Mar 22 45 MyKing	23. SIGNATURE M.D. or other
(Date rec'd by registrar)	Address Date signed Z-Z-Y

California de la composição



CERT	IFIC	ATE	OF	DF.	ATL

	2411 N. Charl	es St., Baltimore 940	22000	
		TE OF DEATH	Reg. Dist. No.	34
1. PLACE OF DEATH:  County.  City or town.  (If outside city or townshimits, write RULA  How long in above place of death?  Hospital, institution, or streel address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State	ta, water RURAL and give neare	
4. Sex 3/Garry ace 6.(a) Singly Man	Kenly		3. (b) Social Security No	ımber .
Mare Horard Sin	gu.	20. DATE OF DEATH December	19	177
6.(6) Name of husband or wife		21. I CERTIFY that death occurred on the date ab		
7. Birth date of deceased (mo., day, yr.) Jane 30.	Hive, give ageyears	and that I last saw halive on		19
8. AGE: Years Months Days	t less than one dayhrs,min.	Immediate cause of death		ouration
9. Birthplace	i, Ma	Due to		**************************************
11. Industry or business dumbers  12. Name	nly	Other conditions		
14. Maiden name///www.garet	Hofkim.	(Include pregnancy within 3		
16. Intermant 1500, Marragari	+ flinly	Autopsy results.  PHYSICIAN: Please woderline the cause to w		atisticaOy.
17. Burial Bate thereol.	(month) (day (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of	····
Cemetery or crematory from the control of the contr	md,	Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (w		State)
18. Funeral director To the Address of arlington,	anley man	Means of injury  Levalel C	Palmer A	4)
19. Alex 1 10, 19 43- Mil	y, Kirle Registrar	23. SIGNATURE.	ORD/COUNM, D/or	other 2/10 /4

MARGIN RESERVED FOR BINDING

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HEL ALT UP THE MET AND STATE CHAIR AND

CERTIFICATE OF DEATH

DEC 20 1945

BUREAU V S.

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-6 CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED; information carefully. The cof death clearly and legibly. (For newborn infants give residence of mother) County..... City or town. How long in above place of death? Hospital, institution, or sireet address where death occurred: Street No .... (If rural, give LOCATION) How long in hospital or institution? 2.(g) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION item of i BINDING 20. DATE OF DEAT 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) Immediate cause of 8. AGE: Years Months Days If less than one day RESERVED Ü 10. Usual occupation 13. Birthplace important (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birtholace especially Antonsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof. Accident, suicide, or homicide,..... Where did injury occur? .... (City or town) Injured at home, farm, Industry, public place (where?) ....... Injured at work? Means of Injury 23. SIGNATURE

(Uate rec'd by registrar)



Registrar

THE MEMORITHM THE PROPERTY OF THE PROPERTY OF

CENTRACATE OF DEVICE

DEC 14 1945 BURLAU VE ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1222)

# CERTIFICATE OF DEATH

			1	80
eg.	Dist.	No.		00

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		ina Cr	nınd	State Kansas County		
			OUNG RURAL and give nearest town)			
How long in above place of Hospital, institution, or ntr	death?	J	- 16 dec 45			
			, Md.	Street No. 135 Ea 16th		
	_			2.(a) 11 veteran, name war. WORLD WAR II		
3. (a) FULL NAME				3. (b) Social Security Number		
	Lee		t., ASN 679308	37		
4. Sex 5	. Color or race	B.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Mar	ried	20. DATE OF DEATH 16 December 19 45 nt 0920		
8.(b) Name of husband or	wife Haze	le Lee		21. I CERTIFY that doubt occurred on the dato above stated; that I attended deceased from		
			(c) It alive, give ageye	1 December 1.E 16 December		
7. Birth date of decoaned (mo., day, yr.)	T7 0	0 100	A			
8. AGE: Years	Months	Days	It inse than one day	Immediate cause of death Embolism, pulmonary BURATH		
41.	1	17	hrsm	artery, post-operative.		
e. BirthplaceSacr	ed Heart	county, and	state)	Due to.		
10. Unual occupation						
11. Industry or boninens				Doe to		
	known					
12. Name	.han.m		o • . • . • . • . • • • • • • • • •			
	Unknow	m		(Include pregnancy within 3 months of death)		
14. Maiden name	OI III II W			Major findings of operations Hernia, left, indirect, comp		
	. Army	Recor	ds	Antoney results Embolus in make main branch of		
Address Aberd				PHYSICIAN: Please underline the cause to which death added to the cause to the cau		
" framportal			Aug. 18 1945	22. VIOLENCE: It doubt was due to external causes, fill in the tollowing:		
(Burial, oremation, or	removal. Which	Date ther	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory.	Saure	WIL	med from	Where did injury occur?		
Location Jus	nction	U 6 i	to Ecaman	Injured at home, tarm, industry, public place (where?)		
13	Salva A	KZ	Lange Kong	/ Means of injury Injured at work?		
18. Funeral director				Thomas S. Harvey, M.D.		
Address Ur	wast	n /	ng 1	23 SIGNATURE		
19 Dec. 17	19.45	m	vie M. Moule	THOMAS S. HARVEY, MD M. D. or other		
(Date rec'd by regist	rar)	/ 2.50	Registr	ar I AddressEdgewood Arsenal, Marylandbate signed 17 Dec		

BURY SENT TO LOCAL REGISTRAR NO. DATE 12/26/45

DEC 26 1945
BUREAU V R

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

1/220	4
7 6091180	-
Reg. Dist. No.	

# CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH: ord County		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
V99117			State Ohio County		
City or town Lee Village, Aberdeen (If outside city or town limits, write RURAL and give nearest town)		Fast Timernool	Ohio		
The same of the sa			(If outside city or town limits,	, write RURAL and give nearest town)	
Hospital, Institution, or			Street No. 1213 St. Clair	'e Ave	
M2 82 000 000 000 000 000 000 000 000 000		***************************************	(If rural, give	LOCATION)	
How long in hospital or	institution?		2.(a) If veteran, name war		
3. (a) FULL NAMI				3. (b) Social Security Number	
James	E. Marlier				
4. Set	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Married	20. DATE OF DEATH LOLL Y	19 45 thursday	
6.(b) Name of husband	or wife Mrs. M	Mary Blake Marlier	21. I CERTIFY that death occurred on the date about		
7 Birth date of		0 1000		t9	
deceased (mo., day, y		Bays   it less than one day	Immediate cause of death. Acute my		
8. AGE: Years	Months	22	etiology undatermined		
25 8 A 3			microscopic examinati pulmonary congestion	on. Acute	
9. Birthplace.	relaus	kes wya	pulmonary congestion	& edema	
a. pictopiaco	(Town,	county, and state)			
10. Usual occopation	Surde	AA.Y	Bue 10.		
11. Indostry or busines:	u.s.a	rmy.	Gue 19.		
12. Name	actor	Marken	Other conditions		
	Pen	WP	(Include pregnancy within 8 n	nonths of death)	
14. Malden name.	Ethel	E. Ruse	Major findings of operations		
S 15. Birthplace	wa	lib .			
16, Informant	seton E	marlier	Autopsy results dance my o		
Address #	ellan	ster W. Va	PHYSICIAN: Please underline the cause wh		
Remon	-1.	Date thereof Low 5,1445	22. VIOLENCE: If death was due to external cau		
(Burial, eremation	or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	" Kry	arrest Austr	Where did lojury occur?(City or town)	(County) (State)	
Location	olland	u TU, ja	Injured at home, farm, industry, public place (wi		
18. Funeral director.	Howard	K. Netermentano	Means of Injury	Injured at work?	
Address ati	usdone ?	maryland	799 Cm	mes Copy here	
. 600 - C	194	5 Hisom March	23, SIGNATURE	M. D. or other	
(Date rec'd by re	gistrar)	Registrar	Address Station Hospital	und. Md.	

JAN 3 1946 BUREAU V 8

----

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION

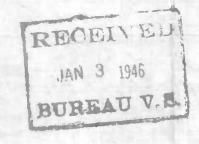
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

(Connty)

Injured at home, farm, Industry, public place (where?) .......

Registrar



THE DATE OF STREET ASSESSMENT OF STREET

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coise specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

million	.4	0	61	1

	TOST MICE TO MANIMUM MANIMUM
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State County Canal
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. J.Z. # 1
Harpard Manhorad Atops,	(If rural, give LOCATION)
Now tong to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3 achareah Haylor Mour	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Single	20. DATE DE DEATH & Q C 7 19 XJ 21 1.48 A
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	Osc 4 1845 TO OSC 7 1845
7. Birth date of	and that I last saw h
8. AGE: Years   Monihs   Days   If less than one day	Immediate cause of death
about 72  hrsmln.	allema. Ydas
9. Birthplace	Due to
Plane	Cester a deval (CV. Vessey ?
1B. Usual occupation	Due to
11. Industry or business	
12. Name Charles Month	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. January hina fielden	Major findings of operations
\$15. Birthplace / alvey	Date of op.
16. Informant Land MA ANAR	Autopsy results
Address Cherdeen R#1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Revised Boto thoront /2/9/45	22. VIOLENCE: If death was due to external causes, filt in the following;
(Burlal, cremation, or removal. Which?)  Date thereol. 7  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Marsilain Com.	Where did injury occur?
Location Weller Relain, Md.	injured at home, farm, industry, public place (where?)
0 + & &	Means of Injury Injured at work?
18. Funeral director of Daniel Market and Daniel	10 00 00 00 00
Address Have de Chace, Ma,	23. SIGNATURE 1. Calple Torrylli a
19. Dec. 8 (Dato ree'd by registrar)  19. 16 - A. L. Lewis M. A. Registrar	Address Clare Shortle Med Date signed & C. 7



PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

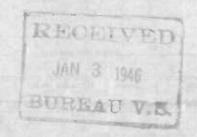
2411 N. Charles St., Baltimore 788

# CERTIFICATE OF DEATH

12399

Reg. Dist. No. 18

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or fown limits, write BURAL and give nearest town)	State Mary County Herful
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. Cabragion Hefollo
How long in hospital or institution?	(If rural, gGo LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Allen Le Musicher	218-10-8318
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored married	20. DATE DE DEATH Lecember 10 18 43 at 8 A M
6.(b) Name of husband with the Vi Genness	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give age 49 years	1919
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 4400 G - 805  8. AGE: Years   Worth's   Days   It less than one day	Immediate cause of death DURATION
	monorale poisoning -
50 3hrsmin.	
9. Birthplace Hanford Co. Mil. Frywn, county, and state)	Due to.
10. Usual occupation Truck dresses Children	
11. Industry or business Rovering December	Due to
# 12. Name John Banks	Other conditions
13. Birthplace Herbond Con med,	
14. Maiden name Mary Lee Murysly  15. Birthplace Sheefood Cor mill	(include pregnancy within 8 months of death)
S 45 Blattaless Al. La L. S.	Major findings of operations.
h I and les I !!	
18. Informant	PHYSICIAN: Please underline the cause to which death should ha charged statistically.
Address Western Wid	/ /
17 Bures Pate therent Dec. 15-1945	22. VIOLENCE: If death was due to external causes, fill in the following; 12/10/45
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Test Calvary	Where did injury occur? Have de Tose Mayer (City or town) (County) (State)
Location near alerden not	Injured at home, farm, Industry, public place (where?) At Mountain
18. Funeral director Servin Forms	Means of Injury Tallaslass in Cartifured at work?
Address.	Gerald & Palmer ud
The second of th	23. SIGNATURE REPORTLY Newson Science
19. 21c. 13 19.45 / llee X. Me	Harfuel county M. D. or other



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DEC 14 1945

BURLAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 128

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Starford	State Manghand County Harford	
(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealh?	City or town	
Hospital, Institution, or street address where death occurred:	Street No. 20 New Country Board	
Starford Mesnovas Boyules	(If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) If veleran, name war. Would Man ## /	
3. (a) FULL NAME	3. (b) Social Security Number	
Charles Wavren Rond	220-20-7903	
4. Ser 5. Color or rape 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White married	20. DATE OF DEATH December 4 175 at SP M	
6.(b) Name of harmon wife Edma M Bech	21. I CERTIFY that death occurred on the dale above stated; that I alfended deceased from	
7. Dirth date of	and that I last saw halive oo	
deceased (mo., day, yr.) Augst. 15-1892	Immediate cause of death	
8. AGE: Years Month Days If less than one day	1 cute panerealities	
65 2 22hrsmin.		
9. Birthplace Vermont	Due to	
(Town, county, and etate)		
10. Usual occupation Clarely - Country	Due 10.	
11. Industry or business & S. Box. Edgewood Greek	000 10	
E 12. Name Lisal Joseph	Diher conditions	
13. Birthplace England	(Include pregnancy within 3 months of death)	
14. Malden name Unbrusen	Major findings of operations	
14. Malden name Unsbruces  15. Birthplace Scalars		
	Date of op.	
16. Informant Muss. Edwa M. Jord	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 20 New County word Celebracen trad		
Dec 7-1645	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Callerseen mile	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Senery Jagring Lons	Means of Injury Injured at work?	
Address & Cherseen md.		
I de l'alleria	23. SIGNATURE Definity well con B & anna	
19. Olate rec'd by recistrar Registrar	Address R. A in the Date signed 12/5/	
(Date rec'd by registrar) Registrar	Regions	

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 10 1943
BUREAU V.S.

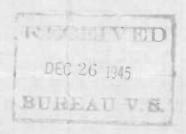
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /70%

12402

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  county Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Tennessee County
City or townJODDA	
How long in above place of death?	City or town Gallatin (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 200 West Main St.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war World War II
3. (a) FULL NAME Charles Edward Ros	3. (b) Social Security Number Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
N 2 . W 170	Promoter 22 45 SA
Male W-US Single	20. OATE OF DEATH 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.) 10/29/14	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
31 1 23hrsmin.	
9. Birthplace Gordonsville, Tennessee (Town, county, and state)	Due to
10. Usual occupation Dental Officer	
	Due to
11. Industry or business U. S. NAVY	
12. NameC. D. Robbins	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Unknown	
14. Malden name. Unknown  15. Birthplace Unknown	Major fisdings of operations.
	Date of op.
16. Informant Health Record	Autopsy results Runture, Traumatic, rt, ventricle.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address U.S.N.T.C. Bainbridge, Maryland	-22. VIOLENCE: It death was due to external causes, fill in the following:
Burist, cremation, or removal, Which?)  Date thereof Will 23, 1942  (month) (day) (year)	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (Cayor town) (County) (State)
lacellation, Vern.	Injured at home, farm, Industry, public place (where?)
18. Funeral director el a. Cattersonasso	Means of Injury # 1 truck Injured at work?
Address Perry villa, and	Levall ( farmer se)
10 22/41: 2 8 N /	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)  Registrar	Address Col T HARFORD COUNTY Ignel 2/22/12



#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) ilf outside city or town limits, write RURAL and give nearest town) carefully. How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of of death clear How long in hospital or institution?. 2.(a) tf veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number causes BINDING FOR 7. Birth date of Supply e deceased (mo., day, yr.) Months Days If less than one day 8. AGE: ARGIN RESERVED d10. Usual occupation. 11. Industry or business important. (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... 15. Birthplace especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (day) (year) Where did injury occur? .....(City or town) (County) Location ..... Injured at home, farm, industry, public place (where?) ..... Means of Injury Injured at work? 18. Funeral directo PLEASE

RECOUNTED

JAN 9 1946

BUREAU V.B.

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (83-0) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboan lufants give residence of mother) (If outside city or town limits, write RURAL and give negreet town) New long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: clearly (If rural, give LOCATION) information of of death cless How long in hospital or institution 3. (a) FULL NAME ( 3. (b) Social Security Number MEDICAL CERTIFICATION item of in MARGIN RESERVED FOR BINDING 2D. DATE DE DEATH. 2f. I CERTIFY the death occurred on the date shove stated: that bettended deceased from te. 7. Birth date of Supply e deceased (mo., day, yr.) Days 8. AGE: U 10. Usual occupation. ADING 1f. industry or bueffier 12. Name ... important. f3. Birtholace (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) Where did injury occur? .....(City or town) WRITE Injured at home, farm, Industry, public place (where?) ..... Means of injury injured at work? fB. Funeral directs 23. SIGNATURE M. D. or other (Date rec'd by registrar) Date signed.

JAN 9 1946 BUREAU V.S.

k	MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 33-

## CERTIFICATE OF DEATH

E OF PERMIT	Reg. Diat. No
2. USUAL RESIDENCE (HOME (For newborn infants give resident	E) OF DECEASED: co of mother) County Han fatted County
City or town	
	limits, write RURAL and give nearest town)
tlf rural,	give LOCATION)
2 (a) If votoran name war	

Hospital, Institution	, or street address where	death occurre	d:
How long in hospita	al or institution?		
3. (a) FULL NA	AME		
	Mich	all	Edward -
4. Sex	5. Color or ruce	6.(a)Sing	le, married, widowed, or divorced
M	M		M.
6.(b) Name of hush	and or wife. Man	J. St. S. E.	mis Moach
7. Birth dato of	- //	6.(	(c) It alive, give agoyea
	eara   Months	Days	It less than one day
1	4 1	17	hrsmle
9. Birthplace		county, and	
11. Industry or bus	tness		
13. Birthplace		fled.	All county
6	me	A lake	
SEL 4E Diebelane		0 /4 / 10 .	

Dato thereof...

(If buside city or town limits, write RURAL and give nearest town)

ahll	3. (b) Social Security	Number
	ERTIFICATION	- but
20. DATE OF DEATH ULC 20	19 // 3	at 2540
21. I CERTIFY that death occurred on the date about 19	ve stated; that I altended dec	eased from
and that I last saw h alive on	Dec. 19	19.45
mediate cause of death Aco	ut Failure	DURATION 5 day
ue to Influe		2. W/R.
ve to		
		/
ther conditions		** ************************************
(Include pregnancy within 8 n		
lajor findings of operations		
Intopsy results	·	
2. VIOLENCE: If death was due to external cau	ses, fill in the tollowing:	
ccident, suicido, or homicide	Date of	
There did lajury occur?(City or town)	†County)	(State)
	noro3)	
njured at home, farm, Industry, public place (wh	ICIUI /	

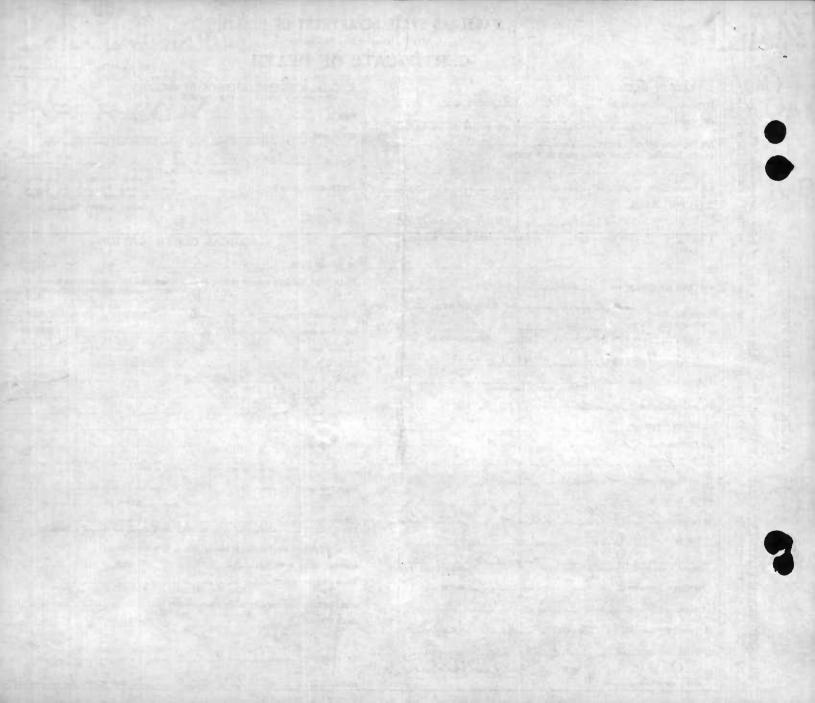
(month) (day) (year)

23. SIGHATURE

M. D. or other

Address.

Date signed...



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

The correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

WRITE

PLEASÉ

VS A15

BINDING

FOR

RESERVED

MARGIN

12400 Reg. Dist. No. 182

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate  County  City or town.  (If ontside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number		
4. Sex   5. Color or race   6,(a) Single, merried, widowed, or divorced   S. K. Gold   Single, merried, widowed, or divorced   Single, widowed, or div	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I GERIFY that death occurred on the date above stated; that I strated deceased from  19. 4. 10. 19. 4. 19. 19. 4. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		



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### MARYLAND STATE DEPARTMENT OF HEALTH



### OFFICIALTE OF PEATH

2411 N. Charle	EPARTMENT OF HEALTH  os St., Baltimore  TE OF DEATH  12417  Reg. Dist. No. 180
1. PLACE OF DEATH:  County City or fown.  (If outside city or town/limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced  Temple White Warred	MEDICAL CERTIFICATION  20, DATE OF DEATH  20, DATE OF DEATH  21, DATE OF DEATH  20, DATE OF DEATH
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.72 to 19.72  and that I last saw has alive on 18.75  Immediate cause of death DURATION  Due to 20.00  Du
11. Industry or business  12. Name  13. Birthplace  14. Malden name  15. Birthplace  16. Informant  17. Marken  Address  18. Del Carry  Maryland  1945	Other conditions  (Include pregnancy within 3 months of death)  Majur findings of operations  Date of op.  Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Buriat, cremation, or removal, Which?)  Cemetery or crematory At Transcription  Location Wingdow Maryland  18. Funeral director A Was d K. Me Corrus Korw  Address Obrugation  19. Location (Date rec'd by registrar)  19. Place (Date rec'd by registrar)  10. Registrar  Registrar	Accident, suicide, or homicide



PERSONAL PROPERTY OF THE PERSON AND PARTY OF THE PERSO

shown on CERTIFICAT	EPARTMENT OF HEALTH  See St., Battimore  PE OF DEATH  Reg. Dist. No. 18
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rursi, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
T 6	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored Unbrown	20. DATE OF DEATH December 17 19 45 at 16
	21. I CERTIFY that death occurred on this date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of deceased (mo., day, yr.)  Wishington	and that I last saw halive on
8. AGE: Years Months Days If less than one day  **Months Days If less than one day	Due to.
10. Usual occupation Dally Land	Due to.
11. Industry or business Lan Good Frank	
12. Name Understand	Other conditions
14. Malden name  15. Birthplace  Unknown	(Include pregnuncy within 3 months of death)  Major findings of operations.
E 15. Birthplace Unknown	Date of op.
16. Informant Mrs. Cartie Morgan	Antopsy results
Address Whender Mid	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?)  (Buriai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Near Cellerdeen	Injured at home, farm, Industry, public place (where?)
18. Funeral director Sancey January January	Maans of injury Injured at work?
Address Suberday md 100	DEDUTY MEDICAL SYMMINES
18 Dec 26 18 45 Pellie 3/ Wey (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address B A SEFORM OF Date signed 12 / /

......19..... DURATION



PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

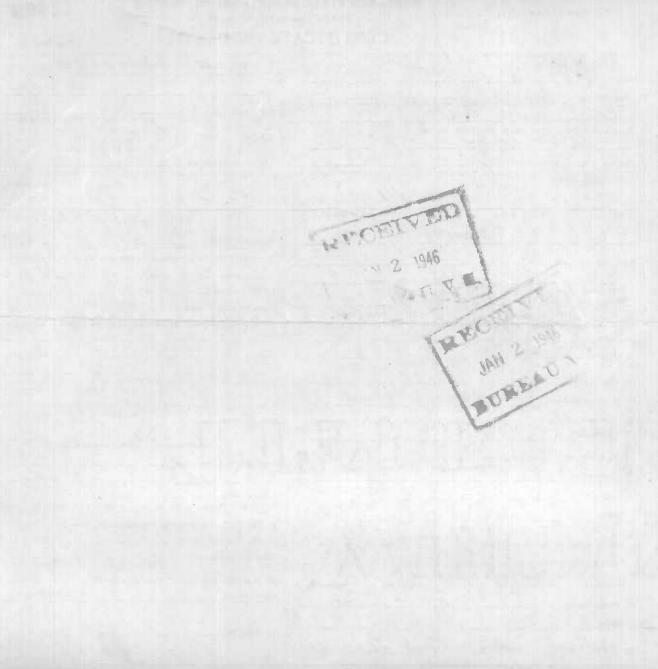
St., Baltimore (940)

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CERT	FIC	TAT	F O	FI	FA	TH
					/L/M	

Reg. Diat. No. / 75

1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Blanche 6 m.	ma Sundle 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced  Temple Thirty Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH  Dec. 25 19.45 21 97. M
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from  19 19 19  and that I last saw h. As alive on Section 19 19 19  Immediate cause of death. Coronary occlusion.  DURATION
8. AGE: Years Months Des It less than one day  17	Due to.
10. Usual occupation  11. Industry or business Accepted Miles  12. Name Accepted Miles  13. Birthplace	Dus to
14. Maiden name Martho M. Commas  15. Birthplace  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
18. Informant.  Address  Bel Ris. FM.d.	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Date thereof  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Larger Co 411091	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?
Address Favre de Grace FMA.  19. Alec: 28 1945 A. L. Lairo M.D.  (Date ree'd by registrar)	23. SIGNATURE M. D. or other  Address Bel Cleu Mel Date signed 12/21/60.



12410

## CERTIFICATE OF DEATH

Reg. Dist. No. 188

hate signed 12/20

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State And County The facility
How long in above place of death?	(If outside/city of town limits, writs RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Frederick Moses Tur	3. (b) Social Security Number
4. Sex 5. Golor or race 8.(a) Stagle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Sunger	20. DATE OF DEATH December 19 1945 of OP M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)  8. A.G.E. Years   Month   Days   If less than one day	Immediate cause of death
8. AGE: Years Month Oays If less than one day  3 />hrs	Hemplege
9. Birthplace Magnet Surford, That  (Town, county, and state)	Oue to
10. Usual occupation	Oue to
11. Industry or business	986 10
# 12. Name Fred Levrus	Other conditions
12. Name	•
14. Maiden name Williama Deursey	(Include pregnancy within 8 months of death)
15. Birthplace	Major findings of operations.
JAMA Tomas	Oate of op.
16. Informant	Antopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Sulle Date thereof. Da 2 4, 19 US	Accident, suicide, or homicide
(Buriai, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did lojury occur?
Location Abundan Makeylage	injured at home, farm, industry, public place (where?)
18. Funeral director formand K. Mr. Comme ton	Mesns of Injury Injured at work?
Address afin s don Makegand	Gerald & almer my
Ca and a man A	23. SIGNATURE Deputy Negree TX amme
19. Alex de 19.45 Marie M. Moule (Date rec'd by registrar)  (Date rec'd by registrar)	Address Bal A 2014

Registrar Address Bal

PLEASE WRITE PLAINLY, WITH UNF is especially important.

FOR BINDING

RESERVED

MARGIN

RECEIVED

DEC 29 1945

BUREAU V S.

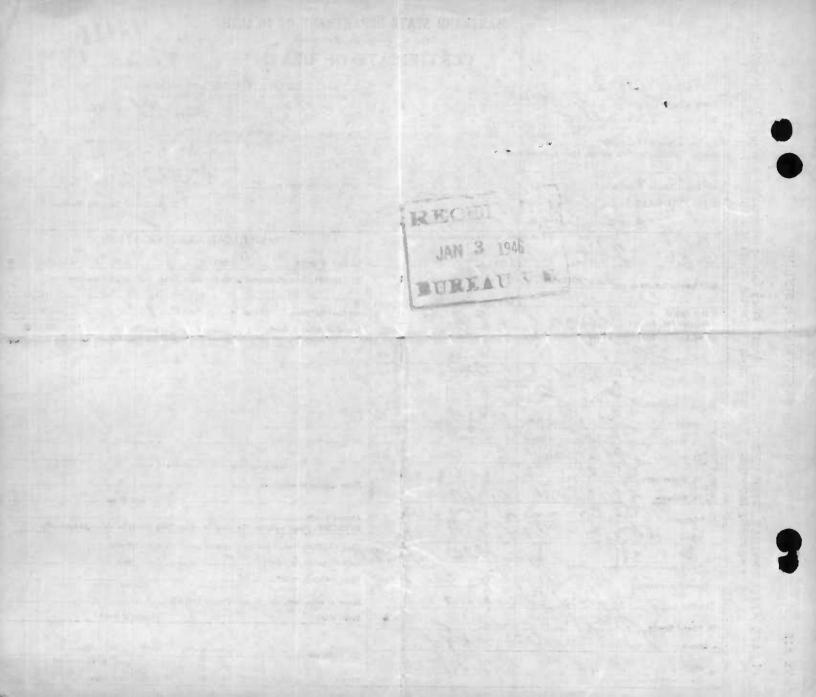
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County TO YOU	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above piaco of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where doa'h occurrett:	
	Sireet No
How long in hospital or institution?	2.(a) It voioran, namo war
3. (a) FULL NAME/	3. (b) Social Security Number
John Hyde Hocker	
4. Set 8. Salo r race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
Male Houte Married	20. DATE DF DEATH
Emma D. Walker	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(b) Hamo of husband or vife	pec 8 10 10 10 10 45
7. Birth date of	and that t last saw her falive on Alee 8 18 45
deceased (mo., day, yr.) My 17, 10 70	Immediate see of death
8. AGE: Years Months Days It ioss than ooe day	Commerce the moure of him
30,7hrsmin.	
9. Birthplace Frayford Co. Mds	Duo to
(Town, county, and state)	
10. Usual occupation	Bue to
11. Industry or business agency and the state of the stat	
12. Name despie dalson 5 13. Birthplate thousand co. my	Dthor conditions
2 13. Birthplace Townford Co. my	(Include pregnancy within 3 months of death)
14. Maideo name Gatherine Cockran	
14. Maideo name Gatherine Cockran  15. Birthplace Harford Co., 1996;	Major findings of operations.
Mrs. Plane. 10 Manders	Date of op.
16. Intermant	Autopsy results
Address over , my . muray	22 VIOLENCE: It death was due to external causes, fill in the tollowing:
11 Burial Date thereof Hele 1/3, 199	Accident, suicide, or homicide
(Burial, ecemation, or removal Whitehi) (month) (day) (year)	
Cemetery or exemplary	
Location Day House	tojured at home, farm, industry, public place (where?)
18. Funeral director M. S. Bauley	Means of Injury Injured at work?
· Address & arlington Mid.	PPI January
10. 9 un melh lich	23. SIGNATURE M. D. or other
(Note read by professor, 19.4.5)	settings Darlington By Bate signed 12/9/45



MARGIN RESERVED FOR BINDING

VS A15

			1001/8	pel
Reg.	Dist.	No.	184	

12895

CERTIFICATE OF DEATH  Reg. Dist. No. 184					
County (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale				
How long in above place of death?	Street No				
How long in hospital or institution?	2.(a) Treleran, name war				
3. (a) FULL NAME James Silas	3. (b) Social Security, Number				
4. Set S. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH				
6.(b) Name of husband or wife Julia Anite	21. I CERTIFY (had death occurred on the date above stated; that t atlended deceased from				
7. Birth date of deceased (mo., day, yr.) Nov. 19, 1883	and that I last saw here. alive on				
8. AGE: Years   Months   Days   If less than one day	Chronic myrendh 3 yrs				
9. Birthplace	Oue to.				
10. Usuat occupation	Due to				
12. Hame Samuel White.	Other conditions				
14. Maiden name Harry Killy  15. Birthplace Harford Co., Hilly	(tnclude pregnancy within 3 months of death)  Major fisdings of operations.				
15. Birthplace Frankong G, Miles	Antopsy results.				
Address Street, Mid , Jan 41	24. VIOLENCE: If death was due to external causes, fill in the following:				
(Burial, canadian, or remoja, winter)  (Burial, canadian, or remoja, winter)	Accident, suicide, or homicide				
Cemetery of New Constitution Co	Where did injury occur?				
Location	Means of injury Injured at work?				
18. Funeral director artington May	23. SIGNATURE L. Sund grass				
Gan 12 1946 Mathirk (Date rec'd by registrar)	Address Narlangton M. D. or other  Address Narlangton M. Date signed 1/2/4 6				

FEB 21 1946 BUREAU V.B.